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APPLICANTS

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** CONTINUING DATA *****

none ccl

** FOREIGN APPLICATIONS *****

none ccl

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	DRAWING 3	36	8
Verified and Acknowledged	<u>ccl</u> Examiner's Signature	Initials			

ADDRESS

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TITLE

X-RAY THERAPY ELECTRONIC PORTAL IMAGING SYSTEM AND METHOD FOR ARTIFACT REDUCTION

FILING FEE RECEIVED 1718	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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